

# California's Coordinated Care Initiative

Beneficiary Presentation  
*February 2014*



# Medicare and Medi-Cal Today



- Doctors
- Hospitals
- Prescription drugs



- Long-term services and supports
- Medicare cost sharing
- Durable medical equipment

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Medicare and Medi-Cal are two different government programs to provide health care. Medicare is for seniors and those under 65 with certain disabilities, such as end-stage renal disease (ESRD). Medi-Cal is for low-income Californians. There are some Californians who qualify for BOTH programs, called Medi-Medi or dual eligible beneficiaries. They receive complementary services from each program. Medicare primarily covers medical services and prescription drugs, and Medi-Cal wraps additional services around that: help with transportation, vision, dental, cost sharing, long-term care, and durable medical equipment (DME).

## The Necessity of Coordinated Care

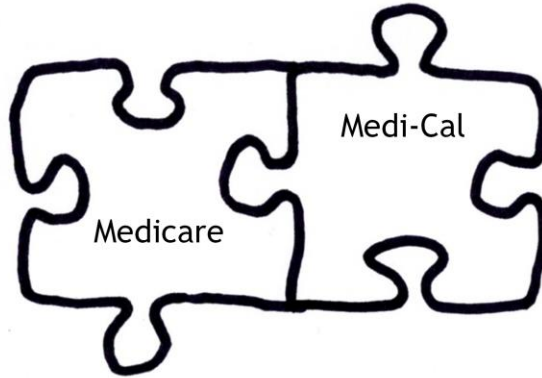
- Some people with multiple chronic conditions see many different doctors and have multiple prescriptions.
- This is common among people with both Medicare and Medi-Cal (Medi-Medi or dual eligible beneficiaries) who are often sicker and poorer than other beneficiaries.
- Today's care delivery system doesn't always support the care coordination many people need. This leads to increased risk of admission to the hospital or nursing home.

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The health care system is very fragmented for those “Medi-Medis” or “duals” who receive both Medicare and Medi-Cal. The programs pay for different but complementary services, but there is no incentive in the current system to help coordinate that care or share information between a beneficiary's providers. This can be a critical issue as many of these beneficiaries are our most vulnerable.

# Cal MediConnect

- Right Care
- Right Time
- Right Place



The goal of Cal MediConnect is to bring Medicare and Medi-Cal services together in one health plan, and to support beneficiaries like you with care coordination to ensure that you receive the right care at the right time in the right place. Whether that means helping keep people in their home and community, or helping them transition from the hospital to a nursing facility, Cal MediConnect is designed to provide person-centered care.

We care about what happens to people like you. Change is coming and we're here to explain what it means for you, and to help give you the information you need to make the choices that are best for you.

# The Coordinated Care Initiative



\*Participation in Orange County pending readiness reviews.

These changes, and this new program will be in 8 different counties

# The Coordinated Care Initiative: Two Parts

## Cal MediConnect

Who: many full dual eligible beneficiaries

- Optional
- Combines Medicare and Medi-Cal benefits into one managed care health plan
- Additional services, including care coordination

## Medi-Cal

Managed Long-Term Services and Supports (MLTSS)

Who: Medi-Cal only beneficiaries, full dual eligibles who opt out of Cal MediConnect, other identified groups eligible for Medi-Cal

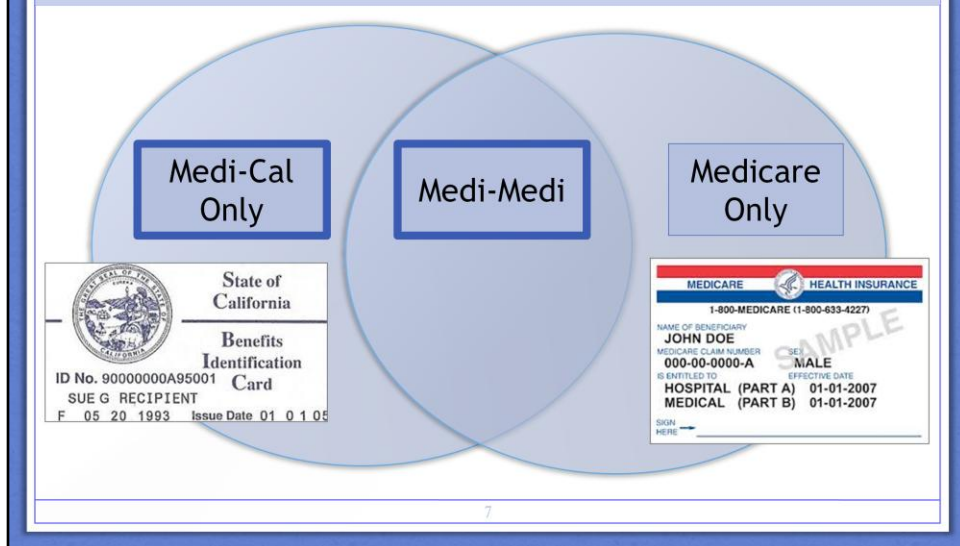
- Mandatory
- Beneficiaries will now receive Medi-Cal benefits through a managed care health plan, including long-term services & supports and Medicare wrap-around.

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Many dual eligible beneficiaries in the eight counties will be eligible to enroll in a new program – Cal MediConnect. This program is optional, and beneficiaries will have a choice of plans that will combine their Medicare and Medi-Cal benefits and provide additional benefits and services, including care coordination.

Those who are not eligible for Cal MediConnect, or who opt out, will still have to choose a Medi-Cal managed care plan to receive their long-term services and supports. Long-term services and supports include in-home supportive services (IHSS), community-based adult services (CBAS), the Multipurpose Senior Services Program (MSSP) and nursing home care. Their Medicare benefits will not change, whether they are in FFS or a Medicare Advantage plan. Under MLTSS, their Medicare will not change.

# Can You Join Cal MediConnect?



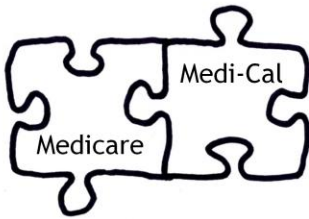
The type of benefits you have today will help you understand how these changes will affect you.

If you have BOTH Medicare and Medi-Cal – you have both a red, white and blue Medicare card and a BIC card – you are probably eligible for Cal MediConnect. Some folks with both cards aren't, but we will go over that more in detail in a bit.

If you have Medi-Cal only and just have a BIC card, you are not eligible for Cal MediConnect, but will still need to choose a Medi-Cal managed care plan for your long-term services and supports. Again, this is also true for those Medi-Medi beneficiaries who aren't eligible for or opt out of Cal MediConnect.

## Cal MediConnect

- Who: Medi-Medi beneficiaries
- Optional



- All of the Original Medicare and Medi-Cal services you currently receive, but combined into one health plan
- One number to call for all your needs
- Additional vision benefit
- Additional transportation benefit
- Access to a care team
- Access to care manager
- Coordinated care

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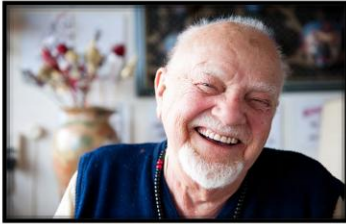
Cal MediConnect is a new program that will combine Medicare and Medi-Cal benefits into one managed care plan. If you are eligible, this means you will have one number to call with questions about all your needs from medical care to long term care. No more wondering if a service is Medi-Cal or Medicare.

Cal MediConnect plans will offer additional benefits. You'll have access to supplemental vision and transportation benefits. And the plan will provide additional care coordination support for those who need it.



## Cal MediConnect

- Who: Medi-Medi beneficiaries
- Optional



### Why I Will Choose a Cal MediConnect Plan: Jim

“I like getting all my care from one plan. It’s why I chose Cal MediConnect. My plan manages both my Medicare and my Medi-Cal services. My doctors, hospital, long-term care are all in the same plan. I call just one phone number for help.”

## Cal MediConnect Key Benefits for You

- Support for coordinating your care, including a plan care coordinator.
  - You will receive a health risk assessment to help you and your providers develop, if appropriate, an individualized care plan.
  - Interdisciplinary care teams will be available to help manage and coordinate care. You can decide who is on this team.
- Additional Services:
  - You will receive supplemental vision and transportation benefits
  - Plans can offer additional services (known as care plan options) beyond the Medi-Cal benefit package

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Supplemental benefits include yearly eye exams, a \$100 frame benefit and 30 rides.

## Cal MediConnect Cost and CoPays

- There are no additional costs associated with joining a Cal MediConnect plan.
- Check with the Cal MediConnect plan about costs associated with Medicare Part D and to make sure your medications are covered.
- Copays will be the same as they are now.
  - If you are a Medi-Medi your providers should not bill you, and this will remain the same under Cal MediConnect.

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Neither Cal MediConnect nor MLTSS should change costs for beneficiaries.

## People not eligible for Cal MediConnect

### You can't join Cal MediConnect if you:

- Are younger than 21.
- Receive developmental disability waiver services from a Regional Center.
- Do not meet your Medi-Cal share of cost, if you have one.
- Have End-Stage Renal Disease (ESRD), except in San Mateo County.
- Have other health coverage, such as retirement, veterans or private coverage.
- Live in a veterans home.
- Receive services through one of the following waiver programs: Nursing Facility/Acute Hospital, HIV/AIDS, Assisted Living, or In Home Operations (you must disenroll from these programs to enroll in Cal MediConnect, you will not be passively enrolled).
- Are enrolled in PACE (you must disenroll to be eligible for the Cal MediConnect; will not be passively enrolled).
- Live in some rural zip codes in Los Angeles, Riverside and San Bernardino Counties.

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Excluded zip codes:

Los Angeles County: 90704

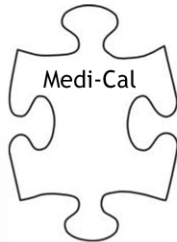
Riverside County: 92225, 92226, 92239

San Bernardino County: 92242, 92267, 92280, 92323, 92332, 92363, 92364, 92366, 93562, 92280, 93592, 92558

## Medi-Cal

### Managed Long-Term Services and Supports

- Who: Medi-Cal only beneficiaries, full dual eligibles who opt out of Cal MediConnect, other identified Medi-Cal eligible groups
- Mandatory



- Same Medi-Cal services you currently receive
- Medi-Cal long-term services and supports (MLTSS) will now be provided through managed care plans
- No additional costs, copays stay the same
- This impacts both beneficiaries not eligible for Cal MediConnect and beneficiaries who opt out of Cal MediConnect

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If you are not eligible for Cal MediConnect or choose to opt out, you will still need to enroll in a Medi-Cal managed care plan. Medi-Cal benefits will not change, they will just be provided through managed care plans. Your Medicare benefits will remain the same, whether they are delivered through Medicare FFS or Medicare Advantage.

## Medi-Cal

Managed Long Terms  
Services and Supports

- Who: Medi-Cal only beneficiaries, full dual eligibles who opt out of Cal MediConnect and other excluded populations
- Mandatory



## Why I Will Enroll in Only a Medi-Cal Plan: Mary

"I knew I had to pick a Medi-Cal plan. I was also eligible for Cal MediConnect, but I wanted to keep my Medicare services as they are now. So I joined just a Medi-Cal health plan. It's separate from Medicare. When I see my primary care doctor or need any Medicare services, I still use my Medicare card. The Medi-Cal plan pays my extra Medicare costs."

<p><b>PACE</b> Program of All-inclusive Care for the Elderly</p> <ul style="list-style-type: none"><li>• Who: Medi-Medi beneficiaries and Medi-Cal beneficiaries</li><li>• Option available to those who are determined eligible</li></ul>	<p><b>You may be eligible to enroll in a PACE program</b></p> <div><p>If you:</p><ul style="list-style-type: none"><li>• Are 55 or older</li><li>• Live in your home or community setting safely</li><li>• Need a high level of care for a disability or chronic condition</li><li>• Live in a ZIP code served by a PACE health plan</li></ul></div>
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One option for those who do not want to go into Cal MediConnect is the PACE program. PACE is a health plan exclusively for seniors who need coordinated medical care to continue living as independently as possible at home. This is available only to some Medi-Medi beneficiaries. It is similar to Cal MediConnect in that it combines Medicare and Medi-Cal services to help provide care coordination to beneficiaries, but it has more eligibility restrictions than Cal MediConnect.

# Medi-Medi Beneficiaries

Your  
options:

## 1. Enroll in Cal MediConnect

- Combine your Medicare and Medi-Cal benefits under one plan

## 2. Opt out of Cal MediConnect

- Your Medicare remains the same (fee-for-service or Medicare Advantage plan)
- You **must** enroll in a Medi-Cal plan for your Medi-Cal benefits

## 3. Enroll in PACE

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Under the Coordinated Care Initiative, if you are eligible for Cal MediConnect you must decide if you want to enroll in a Cal MediConnect plan, or opt out of Cal MediConnect and enroll in a Medi-Cal plan, or see if you are eligible to enroll in a PACE plan.



# Medi-Cal Only Beneficiaries

*Those who are not eligible for Cal MediConnect or who opt out still must enroll in a Medi-Cal managed care plan.*

## Your Options:

### 1. Enroll in Medi-Cal managed care plan

- All current Medi-Cal benefits
- IHSS, CBAS, MSSP and nursing facility care
- Non-emergency medical transportation
- Medicare share of cost, wrap-around benefits

### 2. Enroll in PACE

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If you are a Medi-Cal beneficiary in a CCI county who is not eligible for Cal MediConnect or who opts out, you still must enroll in a Medi-Cal managed care plan for your long-term services and supports. If you are already in a Medi-Cal managed care plan, your MLTSS benefits will just be added to your existing plan.

If you are a Medi-Cal only beneficiary (you only have the BIC card) , the Medi-Cal managed care plan will cover all current Medi-Cal benefits (excluding dental, if the beneficiary qualifies, which is covered through Denti-Cal).

If you also have Medicare, this change will not effect how you receive your Medicare benefits.

# Cal MediConnect Plan Options

## Los Angeles

- Care1st, CareMore, Health Net, LA Care and Molina Health

## Orange\*

- CalOptima

## San Diego

- Care 1<sup>st</sup>, Community Health Group, Health Net and Molina Health

## San Mateo

- Health Plan of San Mateo

## Alameda

- Alameda Alliance and Anthem Blue Cross

## Santa Clara

- Anthem Blue Cross and Santa Clara Family Health Plan

## San Bernardino

- Inland Empire Health Plan and Molina Health


## Riverside

- Inland Empire Health Plan and Molina Health

\*Participation in Orange County pending readiness reviews.

The health plan options in each county are different. You will receive information about each plan, including their provider networks, 60 days before enrollment.

## When to Expect Notices

-  Most beneficiaries will receive notices **90, 60, and 30 days** prior to their coverage date.
- Beneficiaries in Medi-Cal managed care who are NOT eligible for Cal MediConnect will receive **one notice** prior to the change in their benefit package as MLTSS is added to their existing plan.
- Cal MediConnect official information from the state will only arrive in **blue envelopes**.

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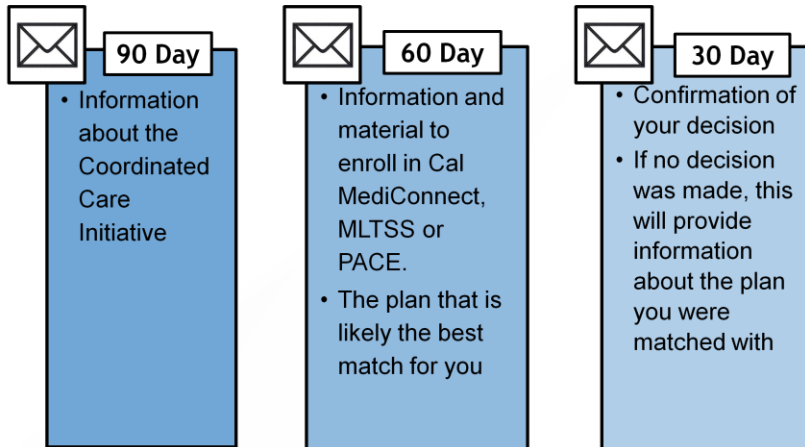
If you must select a Cal MediConnect or Medi-Cal MLTSS plan, you will receive three notices prior to your coverage date.

If you are already in a Medi-Cal managed care plan, you will receive a notice 45 days before that plan begins covering your long-term services and supports..

Coverage dates for individuals will vary by county and by eligibility status. For many it will be your birth month.

Cal MediConnect official information will arrive in blue envelopes. If you live in San Mateo County, you will receive notices from your local health plan. MLTSS eligible beneficiaries in other counties will receive regular notices from the state.

## Choosing a Plan: The Notices



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If you need to select a new plan, you will receive three different notices. This is the same for Cal MediConnect and MLTSS – EXCEPT for those who are not eligible for Cal MediConnect and are already in a managed care plan, who will receive one 45-day notice.

The first, sent 90 days ahead of your coverage date, will alert you to the coming change.

The second notice is sent 60 days ahead. You will also receive a large packet with information to help you select a plan. This will include a plan that is the best match for you based on how many of your current providers are included in a plan's provider network. This is designed to help smooth continuity of care.

The third notice, sent 30 days ahead, will provide you with information about your specific plan. This will be the plan you have chosen based on the 60 day notice. If you did not make a selection, it will be the plan that is the best match.

The three-notice process is the same for Cal MediConnect and MLTSS. The 60 day notice for Cal MediConnect eligible beneficiaries will contain information about MLTSS plans in the event the beneficiary chooses to opt out of Cal MediConnect.

# Choosing a Plan: Who to Call

- Resources to help you choose between plans:
  - The Health Insurance Counseling and Advocacy Program (HICAP): 1-800-434-0222 or [INSERT County HICAP office name and number]
  - Health Care Options: (844) 580-7272 or TTY: (800) 430-7077
  - Medicare.gov > Plan Finder or 1-800-Medicare

# What to Do

To choose one of the plans in your county or to opt out of Cal MediConnect, you can:



## Mail

- You can mail back the 60 Day notice with your choice



## Call

- You can call Health Care Options at 1-844-580-7272 and tell a customer service representative your choice

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You don't need to do anything until you receive your 60 day notice. The 60 day notice will include a choice form that you can use to select a Cal MediConnect plan or MTLSS plan. If you wish to opt out of Cal MediConnect, you will still need to use your choice form to select a Medi-Cal managed care plan.

# Consumer Protections

The law establishing the CCI contains many protections, including:

- **Meaningful information of Beneficiary Rights and Choices**
  - Notices sent 90, 60, and 30 days prior to enrollment.
- **Self-Directed Care**
  - People will have the choice to self-direct their care, including being able to hire, fire, and manage their IHSS workers.
- **Appeal & Grievances**
  - People will receive full Medicare and Medi-Cal appeals and grievances. There will be a special Ombudsman program for Cal MediConnect.
- **Strong Oversight & Monitoring**
  - Evaluation coordinated with DHCS and CMS.
- **Continuity of Care**
  - People can continue to see their Medi-Cal providers for 12 months and their Medicare providers for six months.

## Consumer Protections: Who To Call

- If you have a complaint, your first contact should be your plan. Plans will have internal appeals and grievance procedures.
- If you cannot resolve your complaint with your plan, you have several options:

Cal MediConnect Ombudsman Program (Starting April 2014)	(855) 501-3077
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Medi-Cal Managed Care Ombudsman	(888) 452-8609
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Office of the Patient Advocate	(866) 466-8900
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These numbers are just if you have questions once you are already in a Cal MediConnect or Medi-Cal managed care plan to handle disputes with your plan over benefits or providers.



# Your Doctors

- If your doctor is not in one of the plans in your county, you can work with the doctor and the health plan to continue to receive their services.

- **Continuity of Care**

- Medicare services – up to 6 months
- Medi-Cal services – up to 12 months

- After the 6 or 12 months, if your doctor does not join the network, you will need to choose a provider in-network.

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Continuity of care protections are for primary and specialty doctors (eg cardiologists, ophthalmologists, and pulmonologists), NOT providers of ancillary services like durable medical equipment (DME) or transportation.

To be eligible for continuity of care, you and your doctor must have an existing relationship (you must have seen them twice in the 12 months prior to enrollment) and the provider must agree to payment terms equivalent to Medicare and Medi-Cal fee schedule or the plan's payment schedule (whichever is higher).

## Your Other Providers

- You don't have to change any of your LTSS providers.
- You have the right to continue to receive other needed services, even if you may no longer be able to receive them from the same provider.
- Eventually, you must get all your covered services from providers who work with your plan – whether that is Cal MediConnect or MLTSS or PACE.
- You may have to get ancillary services from new providers, including medical supplies, medical equipment, transportation, home health, or physical therapy.

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In Cal MediConnect, if you are already in a nursing facility, you will be able to stay in your facility even if it is not a part of the plan's network.

In Cal MediConnect and MLTSS, if you have IHSS providers, you do not have to change those IHSS providers and you can still hire, fire and manage your providers.

Plans must contract with CBAS and MSSP programs.

# Questions or Comments

- Visit CalDuals.org
- Email [info@calduals.org](mailto:info@calduals.org)
- Twitter @CalDuals
- Contact your local HICAP: 1-800-434-0222
- Health Care Options  
(844) 580-7272 or TTY: (800) 430-7077

